



PROFESSIONAL LETTER OF REFERENCE

You may give this form directly to your supervisor or return to Cross Country TravCorps to complete.

Facility Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Telephone (____) _____ Fax Number (____) _____
 Direct Supervisor's Name _____ Title _____

APPLICANT INFORMATION

Applicant Name _____

Position(s) you have held: RN ORT LPN Travel Assignment? Yes No

SLP PT PTA OT COTA RRT RERT CRTT Rad Tech

Clinical Specialty _____

Employment Dates: From _____ To _____

Average Patient Caseload _____ No. of Beds in Unit _____ No. of Beds in Facility _____

Teaching Non-teaching Charge Experience? Yes No Supervisory Experience Yes No

Reason for Leaving _____ Would you rehire? Yes No

PERFORMANCE EVALUATION AND PROFESSIONAL ATTRIBUTES

Performance and Attributes	Exceptional	Above Standard	Standard	Almost Standard	Below Standard
1. Demonstrates competency in caring for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides a safe and therapeutic patient environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Implements a coordinated plan of patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adheres to facility policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Communicates appropriately with patients and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Completes accurate documentation of patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Flexibility and adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Willingness and ability to float (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Interest and enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ability to communicate with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Attendance and punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

Evaluator's Signature _____ Date _____
 Title _____ Telephone (____) _____

This information was obtained from: Written Reference Verbal Reference



PROFESSIONAL LETTER OF REFERENCE

I, the undersigned, hereby authorize my past and present employers to provide information to Cross Country TravCorps on my performance while in their employment.

┌ ┐

I hereby release all such employers and their representatives from all liabilities for issuing this information to Cross Country TravCorps. I also authorize Cross Country TravCorps to disclose this information **only** to client facilities for which I have expressed an employment interest.

Applicant Signature _____

Date _____

└ ┘

YES

I am interested in finding out how Cross Country TravCorps can help staff my facility. Please send information regarding Cross Country's comprehensive list of services.

Name: _____ Tel: _____

Title: _____ Fax: _____